



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/28/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982273831

FACILITY NAME -> CAMIN CARGO CONTROL INC

MAILING ADDRESS -> PO BOX 600
THOROFARE, NJ 08086

INSTALLATION ADDRESS -> 1301 METROPOLITAN AVE
LOT 3 M32A
THOROFARE, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BERGER, ERIC
LABORATORY MGR
CAMIN CARGO CONTROL INC
1301 METROPOLITAN AVE
LOT 3 M32A
THOROFARE, NJ 08086



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ NJD982273831

INSTALLATION ADDRESS

CHEMICAL SAMPLE & ANAL. SERVICES CO
PO BOX 514
THORDFARE NJ 08086

1301 METROPOLITAN AVENUE
THORDFARE NJ 08086



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number										Approved			Date Received (yr. mo. day)			Gloucester 015							
C	n	J	D	9	8	2	2	7	3	8	3	1	T/A	C					8	7	0	9	1
F														1									

C	H	E	M	I	C	A	L	S	A	M	P	L	S	&	A	N	A	L	S	E	R	V	I	C	E	S	C	O
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street or P.O. Box

[illegible]

City or Town																		State		ZIP Code				
C																								
4	T	H	O	R	R	F	A	R	E									N	J	0	8	0	8	6

Street or Route Number

[illegible]

City or Town															State		ZIP Code						
C																							
6	T	H	O	R	O	F	A	R	E								N	J	0	8	0	8	6

Name and Title (last, first, and job title)

C													Phone Number: (area code and number)																
2	O	J	E	N	I	Y	I	,	H	E	N	R	Y	B.	,	P	R	E	S	6	0	9	8	4	8	7	2	2	7

A. Name of Installation's Legal Owner

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only

C																		T/A	C
W																			1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1				2				3				4				5				6			
F	0	0	1	F	0	0	2	F	0	0	3	F	0	0	5								
7				8				9				10				11				12			

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13				14				15				16				17				18			
19				20				21				22				23				24			
25				26				27				28				29				30			

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31				32				33				34				35				36			
37				38				39				40				41				42			
43				44				45				46				47				48			

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49				50				51				52				53				54			

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 *CFR* Parts 261.21 — 261.24)


☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Henry B. Ojeniyi, President	Date Signed 9/8/87
---	---	------------------------------

RECEIVED
1987 SEP 11 AM 11:09
NEW YORK, N.Y.
AGENCY REGION II
THE FEDERAL BUREAU OF INVESTIGATION



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/27/87

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD982273831

FACILITY NAME -> CAMIN CARGO CONTROL

MAILING ADDRESS -> 1301 METROPOLITAN AVE
THOROFARE, NJ 08086

INSTALLATION ADDRESS -> 1301 METROPOLITAN AVE
THOROFARE, NJ 08086

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BERGER, ERIC
MGR
CAMIN CARGO CONTROL
1301 METROPOLITAN AVE
THOROFARE, NJ 08086

DATE:

8/28/92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name:

CAMIN CARGO CONTROL

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☒ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☒ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ✓

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is CAMIN CARGO CONTROL INC

Chemical Sample & ANAL Services Co.

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

☒

The above named facility is in the same building/complex.

Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐

The above named facility is the current owner of the property.

List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐

The above named facility is the previous owner of the property or prior business.

List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

☒

The above named facility is the previous operator at this location.

☐

Other. Please explain.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☐B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0982273831

II. Name of Installation (Include company and specific site name)

CAMIN CARGO CONTROL INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1301 METROPOLITAN AVE

Street (continued)

LOT 3 M3ZA

City or Town

THOROFARE

State

ZIP Code

NJ 08086 -

County Code

County Name

GLOUCESTER

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 600

City or Town

THOROFARE

State

ZIP Code

NJ 08086 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BERGER

(first)

ERIC

Job Title

LABORATORY MANAGER

Phone Number (area code and number)

609-848-3533

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☒☐

B. Street or P.O. Box

1301 METROPOLITAN AVE

City or Town

THOROFARE

State

ZIP Code

NJ 08086 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CARLOS CAMIN

Street, P.O. Box, or Route Number

230 MARTIN AVE

City or Town

LINDEN

State

ZIP Code

NJ 07036 -

Phone Number (area code and number)

908-862-1899

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel	
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> b. Other Marketer	
<input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 3. Industrial Furnace	
Mode of Transportation	<input type="checkbox"/> 2. Industrial Boiler		
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 5. Underground Injection Control		
<input type="checkbox"/> 3. Highway			
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify			

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.81 - 83. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	D001	D035			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Eric E. Berger

Name and Official Title (type or print)

ERIC BERGER LABMANAGER

Date Signed

9/9/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID — For Official Use Only													
C												T/A	C
W													

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F003	2 D001	3 D035	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.


49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) EZRA BENJAMIN VICE PRESIDENT	Date Signed 2/24/92
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 2, 1992

Eric Berger
Camin Cargo Control
1301 Metropolitan Ave
Thorofare, NJ 08086

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

20PM-PA: Lopez,lc: August 26, 1992: X9883:		CONCURRENCES							
SYMBOL =>	20PM-PA	20PM-PA							
SURNAME =>	<i>RLC</i>	<i>JML for</i>							
DATE =>	<i>9/4/92</i>	<i>7/2/91</i>							
EPA FORM 1320-1 (12-70)									
OFFICIAL FILE									

DATE: 8/28/92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: CANIN CARCO CONTROL

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☒ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☒ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ✓

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

Chemical Sample & Anal Services Co.

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the previous owner of the property or prior business.

List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

____ The above named facility is the previous operator at this location.

____ Other. Please explain. _____

Wellington, Ltd.

HAZARDOUS WASTE TRANSPORTER

3/2/92

U.S. EPA REGION II
26 Federal Plaza, Room 505
New York, NY 10278

Attn: Permits Administration Branch

I have enclosed 1 application(s) for numbering:

CAMIN CARGO CONTROL
1301 Metropolitan Avenue
Thorofare, NJ 08086
EPA# _____

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
AGENCY, REGION II
NEW YORK, N.Y.
92 MAR -4 AM 11:25
PERMITS ADMINISTRATION
BRANCH

Thank you!

Cindy

20 N. White Horse Pike, Lindenwold, NJ 08021
(800) 242-1785 (609) 627-5400

United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
FT/A C
1

I. Name of Installation

CAMIN CARGO CONTROL

II. Installation Mailing Address

Street or P.O. Box

C
3

1301 METROPOLITAN AVENUE

City or Town

State

ZIP Code

C
4

THOROFARE

NJ 08086

III. Location of Installation

Street or Route Number

C
5

SAME

City or Town

State

ZIP Code

C
6

SAME

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

BURGER ERIC

609 848 3533

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

CARLOS CAMIN

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F003	2 D001	3 D035	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.


49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) EZRRA BENJAMIN VICE PRESIDENT	Date Signed 2/24/92
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*****
*                               RCRIS: Notification View Screen 2 of 5                               *
*****
*EPA Id: NJD982273831      Other Id:                               Merge Send: Y                               *
*Date Received(MMDDYYYY):  091187      Source( N/E/S  N Non-Notifier Flag:                               *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                               *
*Name of Installation:  CHEMICAL SAMPLE & ANAL. SERVICES CO                               *
*                               Installation Location Address                               *
*Streets:  1301 METROPOLITAN AVENUE                               *
*City:      THOROFARE                               State:  NJ      Zip:  08086                               *
*County Code:  015      County Name:  GLOUCESTER                               *
*                               Installation Mailing Address                               *
*Streets:  PO BOX 514                               *
*City:      THOROFARE                               State:  NJ      Zip:  08086                               *
*                               Contact Information                               *
*   Last Name      First Name      Title      Phone      Address(M,L,O)*
*  OJENIYO      HENRY B      PRESIDENT      6098487227      L                               *
*Streets:  1301 METROPOLITAN AVENUE                               *
*City:      THOROFARE                               State:  NJ      Zip:  08086                               *
*Land Type:                               *
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit                               *
*****
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*****
*                               RCRIS: Notification View Screen 3 of 5                               *
*****
* EPA Id: NJD982273831      Other Id:                               Source:  N                               *
*                               *                               *
* Owner Sequence Number:      1                               *
* Ownership:  HENRY B. OJENIYI                               Type of Owner:  P                               *
*                               *                               *
*                               Address of Owner/Operator                               *
*                               *                               *
*   Street:  NOQUIRED                               *
*   City:    NOT REQUIRED                               State:  WY  Zip Code  99999                               *
*   Phone:   2125551212                               *
*                               *                               *
* Current/Previous Indicator:  CO  Change Date(MMDDYY):                               *
*                               *                               *
*                               *                               *
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit      F5-Curr. Owner  *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next                               *
*****
```


(charge) owner

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved: OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-01

<p>Please refer to the <i>Instructions for Filing Notification</i> before completing this form. The information requested here is required by law (<i>Section 3010 of the Resource Conservation and Recovery Act</i>).</p>		 EPA		<h1>Notification of Regulated Waste Activity</h1> <p>United States Environmental Protection Agency</p>		<p>Date Received (For Official Use Only)</p>	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input type="checkbox"/> A. First Notification		<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number NJ0982273831			
II. Name of Installation (Include company and specific site name) CAMIN CARGO CONTROL							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street 1301 METROPOLITAN AVENUE							
Street (continued)							
City or Town THOROFARE				State NJ		ZIP Code 08086	
County Code		County Name GLOUCESTER					
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box							
City or Town							
State							
ZIP Code							
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (last) BERGER				Name (first) ERIC			
Job Title MANAGER				Phone Number (area code and number) 609-848-3533			
VI. Installation Contact Address (See instructions)							
A. Contact Address Location <input checked="" type="checkbox"/> Location <input type="checkbox"/> Mailing		B. Street or P.O. Box					
City or Town							
State							
ZIP Code							
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner CARLOS CAMIN							
Street, P.O. Box, or Route Number 1301 METROPOLITAN AVENUE							
City or Town							
State							
ZIP Code							
Phone Number (area code and number) 609-848-3533				B. Land Type P		C. Owner Type P	
				D. Change of Owner Indicator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(Date Changed) Month Day Year 1 2 3 1 8 6	

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Markerer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>E. Benjamin</i>	Name and Official Title (type or print) EZRA BENJAMIN VICE PRESIDENT	Date Signed 5/11/92
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

NJX000325019
5-17-94

U.S. EPA
AGENCY RO II

94 JUN 10 AM 9:07

HAZARDOUS & SOLID WASTE
PROGRAM

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 982 273 831

Company Name: CAMIN CARGO CONTROL INC

Site Address: 1301 METROPOLITAN AVE THOROFARE
(street) (city / town)
NJ 08086 #3 M32A
(state) (zip code) (lot) (block)

Mailing Address: PO BOX 600 THOROFARE
(street / p.o. box) (city / town)
NJ 08086
(state) (zip code)

Company Contact: ERIC BERGER 609 848 3533
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☐ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case #_____).

☒ Other APPLIED FOR NJX000325019

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

ERIC BERGER
(printed name)

Eric Berger
(signature)

LABORATORY MANAGER
(title)

5-25-94
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

6/17/94 RD 3/R - 3 N 10